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METHODS OF RAISING FUNDS FOR VOLUNTARY CHARITABLE HOSPITALS.*

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In preparing this paper no attempt has been made at an exhaustive study of the various methods in vogue for raising funds for charitable hospitals, but the writer hopes by her omissions to provoke a sequel in the form of free discussion among the members present—a sequel which shall not as is common in fiction be a weak appendage, but a good, healthy addition. She doesn't care if the tail does wag the dog.

A circular letter was sent to all members of the Association except those representing Hospitals supported by State or municipal funds. From the replies received certain deductions may be made:

1. That the methods of raising small amounts to cover deficits in running expenses are legion.

2. That the methods of raising large amounts for new buildings, purchase of additional property, establishing maintenance fund, etc., are few—namely, by direct personal appeal to wealthy people, by a general canvas among the people living in the area benefited by the Hospital, by borrowing the amount desired or by issuing a series of bonds. This latter is new to me for Hospital purposes, but appeals as preferable to borrowing a lump sum, as there would always be the alluring chance of interesting the small bond-holder to the point of waiving his claim before the time for redeeming it came.

In regard to the annual deficit, Hospital Superintendents and Trustees appear to be ranged in two groups—the first firmly advise you to care for that deficit by not having it, while the others believe that a Hospital should do the work which comes of it and that a Board of Managers that dares not go beyond its known resources will never go far. All agree that the most rigid economy consistent with good work should be practised, and that every effort should be made to be as nearly self-supporting as possible—but, for most of us, plan as we may, the balance-sheet is a producer of gray hair and wrinkles.

What shall we do about it? The location and size of the Hospital must determine this. A small Hospital in a small town or city may, perhaps, profitably employ such mean as teas, balls, theatrical entertainments, lawn parties, sales, "endless chains" and "tag days," but there is always some question if the sums netted do not represent either too great expenditure of money or too fatiguing an outlay of strength—if the mountain in labor has not brought

* Read by Dr. A. W. Smith, Hartford, Ct., at the annual meeting of the American Hospital Association.

forth a mouse. In my own town the active merchant's association objects to sales unless the articles sold have all been purchased of them.

It is my personal belief that the public does not need to be bated with the thought of tangible personal equivalent when invited to help a recognized charity. If the matter is properly placed before them the people will give—and give generously. Neither do I believe the public likes to be irritated by too frequent appeals.

An effort should be made to establish some legitimate method of meeting the deficit at the close of each year; should this fail it seems to me wiser to meet it for a few years from the Hospital's own funds (where such exist), and then go out and raise it by direct appeal. If made by the right person in the right way the direct appeal seldom fails, but great care should be exercised in selecting the persons to make the appeals. No single individual should be expected to successfully solicit the entire community. A considerable number of people, preferably business men, will be more successful, each choosing from among his acquaintances those to whom he feels he can confidently go. Of the success of this method in a single instance I will speak later.

A Hospital self-supporting, or nearly so, commands the respectful attention of business men and women. To be so and yet never refuse care to legitimate applicants for free treatment is to command also their support in time of need. To keep this need within bonds means eternal vigilance in expenditure, economy in use of supplies, gently but firmly excluding from free treatment those found to be really able to pay the whole or any part of the cost, and by using the same method toward private room patients. An effort should be made to educate the community in regard to this. A private room case paying $15 per week, or less, is really in the Hospital's debt nearly as much as the free ward case. He may pay for the additional space in the plant occupied by him, but certainly not for the more expensive food, fancy preparations of drugs, etc., which he and his physician seem to think his right —nor does he pay his share of maintaining the nursing force and the staff of house physicians. He should not only pay his share of what it costs the Hospital to maintain this force, but somewhere nearly what it is really worth to him—failing this, he cannot be considered a factor in balancing the free ward work, except as he may be among people of means outside an advirtisement productive of donations and bequests.

Dr. Goldwater, in his very illuminating paper of last year, called our attention to the advantage of securing from States, municipalities, counties and towns, per capita contracts for approved free cases. This must be alluring where there is prospect of large deficit, but my own mind is still uncertain as to its desirability. There comes to me an unforgetable scene where a homeless old lady who had gained entrance to a Hospital by the invention of imaginary illness, was carried struggling from the building en route to the almshouse as she iterated and reiterated that she wouldn't go—that the Hospital was honorable, while the poorhouse was not. No amount of persuasion could induce her to go voluntarily.

A considerable percentage of our free cases have this dread of becoming beneficiaries of State, county or town. Isn't it worth while to preserve this self-respect?

On the other hand, where no such scruple on the part of the patient exists, it seems unfair to burden a few individuals with the expense of his care when it might be shared by the tax-payers generally. A way out of this might be to secure these contracts, if possible, and then use the privilege at discretion. In a municipality maintaining an ample Hospital, the municipal government may well expect its sick poor of the classes for which it has provided to use its Hospital, except in emergency, where proximity might make some other more desirable. But my sympathy is with the State case, unless he lives in the immediate vicinity of the State Hospital. Removal to it from a distance means much loneliness, as he is practically cut off from his friends. The State should be willing to provide for its sick poor at the Hospital nearest the patient's home. This may not be good business for the State, but is humane.

Hospital Sunday deserves honorable mention as a means of raising money and most certainly also Ladies' Aid Societies. The activities of these latter are frequently far-reaching—not only do they accomplish much actual work, but through them large donations and bequests are often received. At the Memorial Hospital in Worcester the Aid Society furnishes all bedding and clothing needed for the children's department, besides standing always ready to render any other aid in its power. We also have an Employment Society, which saves us money by doing large quantities of plain sewing free of charge.

Trustees should be active in securing as many "free beds" as possible and in persuading friends to remember the Hospital when making their wills, and in this connection it may be well to mention that example is always better than precept.

The Children's Hospital, of Toronto, is most successful in securing funds by issuing yearly a popular, freely illustrated report of its work—something to attract the attention of the small contributor and quite different from the usual dry, statistical report which is attractive only to fellow-workers and a few business men and women.

If so placed that a deficit at the end of each year is practically a certainty, regardless of efforts to prevent it, no way of arranging to care for it has come to my notice so attractive as that used by the Rhode Island Hospital. If I understand it correctly, a share of the annual deficit is arbitrarily fixed to be not more than $100, and as many people as possible are secured to become perpetual guarantors of one or more shares. They may be called upon for the full amount guaranteed, but should the deficit be small, it will be apportioned in ratio.

A few years ago at the Hospital with which I am connected it became necessary to raise a considerable sum for new buildings, if we were to keep pace with the demand made upon us. We were a small Hospital of sixty beds, continuously crowded to the danger limit. We had no State or city aid, but were just able to come out even through the income from our small invested fund and the collections from paying patients. There was no money for new buildings and no certainty of being able to meet the added expense of maintenance if we had them, as much of our work is free. But we needed a new building for children so badly that we got up our courage and devised the following highly successful campaign.

From our records a list was made of the number of patients we had treated from the beginning, both from our own city and from each of the contributory surrounding towns. We then divided the amount we hoped to raise by the entire number of patients treated to get the share per patient. For convenience, let us assume this share to have been $10—if for town A. we had treated 50 patients, we multiplied the $10 share by 50 and tried to raise $500 from that town, and so through the list. The bulk of the amount to be raised, of course, fell to our own city, which consisted at that time of eight wards. We looked up the tax lists and arbitrarily apportioned to each according to its wealth the sum we felt it should furnish. We then selected from each ward three good business men—stated our case—and asked if they would form a committee to secure from their ward the sum apportioned it. We had no difficulty in securing these committees. They were given full power to raise the money in any way which seemed good to them. With them was associated as general chairman one of our leading surgeons, for many years connected with the Hospital. We prepared a booklet giving a sketch of our history—present work and future hopes. With this we deluged the town before our committees began work. We prepared good-sized cuts of the proposed children's building and had them displayed in shop windows. This building was to contain six large wards, six small ones and a play-room and roof-garden. We authorized the committees to state that a contribution of $10,000 would carry the privilege of naming the play-room—$8,000 one of the large wards, and $3,000 a small one. Five of the large wards were soon taken, two of the small ones and the play-room. The rest of the amount needed was readily made up and in the process there were found two benevolent gentlemen who gave sums large enough to cover two other buildings—one a private patient's pavilion, the other for maternity work.

We were not so successful in the outlying towns, though even there we did fairly well, and have since received as result of the canvas small bequests from two of them.

At the time this canvas was begun our Hospital had received in bequests less than $8,000 since it opened its doors seventeen years before. In the four years since, it has received about $90,000, and has knowledge of $30,000 more coming to it at the decease of a testator's widow.

Worcester is a medium-sized city of about 150,000 inhabitants. It has three good Hospitals other than the one with which I am connected. In a smaller city less well supplied this method of raising money should be even more successful than with us.

I must ask your tolerance for dwelling at such length upon my personal experience. It is done in the hope of being useful to some of you.

ADMINISTRATION COURSE FOR NURSES.*

Up to the present time only graduates of the Massachusetts General Hospital Training School have been taken in the Administration Course, and only those who state that they intend becoming hospital executives. In the future the course is to be open to the best-equipped graduates from any school.

In giving a course of this kind it is essential that the students be keen and interested women and physically active. The success of the attempt to teach hospital administration in this way depends on the enthusiasm of the students stimulating the heads of the departments to impart all information possible.

It has been found by experience that two students only should be taken at a time. More than this number in one department would hinder the work and lessen the individual teaching and a too frequent succession of students causes the teachers to lose interest.

Sstudents are requested to report in nurse uniform at 8 a.m. daily and remain until 5 p.m. Lunches are given. No fees are charged.

Large note books should be provided into which may be pasted the various hospital forms, together with explanatory notes and formulae.

Students are advised to make brief notes during the working hours and to re-write these more fully at the end of each day. Frequent questioning is encouraged to bring out a fuller understanding of the work.

In some departments the time is spent in observing the daily routine, but this is supplemented as far as is practicable by allowing the students to assist. For example, in the admitting physician's office, after becoming familiar with the routine of admitting, students receive applicants, question them and fill out admission blanks. In the laundry for a day, a student takes charge, under the supervision of the head laundress, criticizes and advises workers on such matters as unsatisfactory work or removing of stains. In the engineer's department, after making a few rounds with the chief engineer in his daily inspection of the hospital, a student carrying pencil and pad makes notes of conditions needing attention, such as leaking faucets and steam valves, water closets out of order, or improper use of heating and ventilating apparatus. She is thus stimulated to observe for heself conditions which she should notice when she has charge of a hospital.

The following outline gives an idea of some of the subjects taken up in the course:

Outline of Practical Course in Hospital Administration.

Admitting Physician's Department—Suitability of applicants; accident cases; emergencies; admitting and discharging patients; relations with charity organizations; police; newspapers; undertakers; medical examiner; disposition of chronic cases; autopsies; arranging appointments; capacity of hospital.

Resident Physician—Purchasing supplies; methods of getting competitive bids and checking the same.

General Office Department—Record of admissions and discharges; deaths; receiving and giving out patients' property; care of some; pay-rolls; cash

* Read at the annual meeting of the American Hospital Association.

accounts; patients' accounts; miscellaneous accounts; collecting material for reports; for statements; for comparisons.

Office of First Assistant Resident Physician—Reports of heads of departments; relation of administration with trustees; with visiting staff; with house staff; with physicians outside of the hospital; with cities and towns; with public officials; with courts.

Record Library—Collecting, filing, binding, and indexing of records; classification of cases; statistics for reports.

Accident Ward—Receiving, report and recording patients; care of patients' property and clothing; infectious cases; isolation; care of splints and apparatus.

Surgical Building—General management.

Store—Ordering, receiving and disposing of supplies; perishable supplies, quantities; checking; requisitions; issuing; meat-cutting; economical handling of the meats; co-operation between store and kitchen; examining returning goods.

Apothecary's Department—Contracts; ordering and receiving supplies; perishable supplies; quality and prices; issuing drugs and liquors; safeguards in issuing poisons.

Out Patient Department—Organization; relation to house department; examining applicants; record system, fees; drug department; social service; health boards; housekeeping.

Housekeeping Department—Engaging and discharging help; wages; hours of work; time off; divisions of work; discarding linen; sewing-room; repairs of linen; accounting for linen; care of dormitories; vermin; care of floors, walls and windows; house cleaning methods; records of work done; examining garbage and reporting same; cremating ward waste; examining ward waste.

Kitchen—General management.

Serving room—General management; hours of meals; night meals.

Diet Kitchen—Diets; requisitions; preparations.

Laundry—Making soaps and solutions; care of infected clothing; hand and machine work; removal of stains; sorting gauze and bandages; washing and sterilizing for re-issuing; use and care of laundry machinery; blanket cleaning; counting laundry; size of laundry lists for various departments.

Training School—Relation to hospital superintendent and assistants; relation to matron, kitchen and laundry; relation to house officers.

Departments and Wards—Administration, nursing; (a) care of patients; (b) supervision and instruction of pupil nurses; (c) maids' duties; (d) ward tenders' duties.

Equipment—Linen, china, utensils; admission of pupils, rotation; special courses; school curriculum; discipline; health.

Engineer's Department—Daily inspection throughout hospital; heating; lighting; ventilation; refrigeration; purchase of coal; supplies; boilers; engines and pumps.

Executive Assistant—Outline of Social Service work in the wards.

Convalescent Hospital—General administration.

The time devoted to training varies from three to four months, according to the needs of the individual. Those who have been specially trained in any department of hospital work would not be expected to spend time reviewing it.

It is not always possible to occupy the whole day, and during these intervals the students are advised to visit hospitals such as they hope to superintend and familiarize themselves with their organization, construction, equipment and management.

During the winter months conferences are held at the hospital on subjects of hospital administration, and students taking the course are invited to attend and take part.

A total of seven nurses has been graduated from this course, and all but one of these are occupying responsible positions. The exception noted is a woman who was recently graduated. We understand she is taking a vacation before considering any further work.

Dr. W. L. Babcock, Superintendent of the Grace Hospital at Detroit, has been giving a similar course to ours for about the same period of time. He writes as follows: "Our course has been successful beyond my expectation. We have had two hundred or more applicants for the course, but have been in a position to take care of only four for each period of six months. We have turned out nine graduates, all of whom are now holding hospital positions, with the exception of two, one of whom married and the ther is in ill-health."

At Teachers' College, Columbia University, an attempt has been made to give this training. It has been necessarily largely theoretical in the past, and while very valuable, must have lacked that practical application which is so important in fixing a problem in one's mind. Miss Nutting writes that an arrangement has now been made "whereby a few of our students in the second year might be admitted to residence at Bellevue, acting as student assistants in the various housekeeping departments such as laundry, linen room, kitchen, etc., and, later on, the office work. Students were thus to be occupied from 4 or 5 hours daily, and were to be given every possible opportunity to study their practical problem closely and at the same time enabled to carry on a few regular courses here at the college ,one of them being a course in hospital administration given by Dr. Smith." Privileges of a somewhat similar nature have been given these students at St. Luke's Hospital, New York.

The writers wish to state in conclusion their belief that it is the duty of large hospitals to undertake similar work. It means some trouble and some annoyance, but you are amply repaid by the increased reputation given your hospital and the sense of a good work done for the community.

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HOSPITAL ACCIDENTS.*

By Miss Goodnow and Mr. Frank T. Lodge.

[The first part of this paper is a masterly legal review of the question].

The very conditions of hospital life render accidents probable. We deal with people who are not normal, and who have, for the time being, no personal accountability. Our employees, both servants and nurses, have to learn to adapt themselves to these abnormal conditions; they have, in short, to become accustomed to the unusual. We deal not with things as they ought to be, but with things as they are, while the public make scant allowance for human frailty, and holds that the hospital's very existence should be a guarantee of the welfare of both patients and employees.

We Americans are not averse to risk. We build and plan and live with the idea of taking a certain number of chances, and the infrequency of serious accidents makes us willing to continue the practice. This spirit may be permitted in the individual, but is hardly the thing for an institution whose avowed object is the saving of human life. Prevention of accidents may mean the expenditure of many dollars and much time, but the object is surely a laudable one.

The matter of safe buildings is one which every hospital board should bear in mind. If an unsafe condition exists, no Superintendent should stop with once or twice telling, but should persist till the matter is remedied.

Fireproof buildings are, of course, desirable, and if a new building is to be erected, a reasonable amount of money should be spent in securing this construction.

As an actual fact, however, far more fires occur because of defective chimney-flues, illy-protected or cheap electric wiring, inflammable material near stove pipes, or from the carelessness of employees, than from lack of fireproofing. It is these minor matters, commonly overlooked, which are the greatest source of danger.

The average fire escape may be mentioned as one of the most ineffective of protections. Very many of them are so placed as to be quite useless, being accessible only through a bath-room or private room, opening from a window, or possibly unmarked so that even employees do not know where they are. Some of them are of such a form that only an athletic person could use them. The toboggan-slide variety is about the only kind really practicable for removing sick patients quickly from a building.

While serious fires are not common in hospitals, chiefly because there is pretty constantly someone on duty in every part of the building, an alarm of fire or a slight blaze may have almost as serious consequences as though the disaster had actually occurred. It is for this reason that every hospital should have a fire-drill instituted, and it should be practised often enough to be well in mind. It is useless to include in this drill the average servant, who comes and goes with such regularity, but it should take in the engineers or night-watchmen (who are apt to be more or less permanent) and the nurses. Some

* Read at the annual meeting of the American Hospital Association.

institutions have used instead of the regulation drill, a lesson to be learned verbatim, and recited as often as once a month; such lesson consisting of the first thing to do in case of fire, the second thing, the "next thing," and so on.

Nurses especially should be taught to distinguish between a fire which they may easily put out by their own efforts, and one for which they must call assistance. This one point well drilled in may save valuable time.

Elevator accidents are among the commoner ones. They are usually serious, often fatal, and ordinarily the result of carelessness.

The automatic elevator seems nearly to have proven that such accidents can be avoided. These elevators cannot be made to move unless doors are tightly closed and everything as it should be, making practically impossible any accident except the actual breaking of a cable. They cost a little more to install than the ordinary kind, and need frequent repairs, but save the wage of an elevator pilot. It seems hardly justifiable for so many good hospitals to maintain their old-fashioned lifts, taking more or less risk each day that they run. Certainly no new hospital can be excused for neglect in this matter.

It is a very common thing for patients to fall or jump from windows, and up to the present time not much has been done toward preventing it. We know that any delirious person is liable to this accident, yet we continue to take the chance with no more than a casual warning to a nurse to "watch him closely." As a matter of fact, many of these tragedies have happened when a nurse was present, and it would appear that the safe-guarding of the windows is the only efficient protection. At least a few rooms on each floor could be fitted with guards properly fastened, or the windows could be furnished with wire-glass.

Accidents due to the use of faulty appliances usually result in injury to an employee. In these cases, the least we can do by way of prevention is to require prompt reporting and immediate repair of all apparatus and equipment which is not in good working order. If for any reason the repairs cannot be made and the thing must be used, the one safe rule is that a sign shall be put up or a label attached stating the exact condition and giving warning.

Anaesthetic accidents are no longer classed as unavoidable, and a hospital where they occur with any frequency is deserving of censure. The system of allowing unsupervised internes to give anaesthetics is rapidly passing into disuse, and cannot be much longer maintained by any good hospital. The small town or country hospital which has no regular anaesthetist, but allows any graduate physician to act in this capacity, has an extremely difficult situation to deal with, but, fortunately, for the institution, the physician is usually held personally responsible.

Deaths due to the carelessness, negligence, or incompetence of physicians might be mentioned in this connection. While a hospital is not accountable for these things, there are instances when it seems as though some action should be taken to exclude doctors who have an excessive number of them. The Superintendent should put the matter plainly before the Board, and allow them to decide whether the hospital is to be run on the "open" or "close" plan. Local conditions differ so widely that no outsider can judge of the best course to pursue. The utmost care should be exercised to see that facts are not exaggerated and that prejudices are not considered.

Accidents due to the spirit of taking chances, otherwise called incompetence, negligence, or carelessness, are many and exasperating. How to deal with them is the problem which confronts us continually, and will until all men do exactly as they should under all circumstances. Just how far we may overlook human frailty and just how much risk we may ask our patients to take because of it, is the vital question.

We must protect ourselves and our patients by keeping the number of habitually careless employees as low as possible, bearing in mind that we shall be less criticized for getting along without help than for employing incompetents. Most of us prefer to take the chance of a careless employee rather than to let work go undone, but if the public takes the opposite view, we can hardly afford to ignore it. If we make it a prieniple of selection that carefulness and thoroughness are desirable above speed or brilliancy, it will aid in keeping our household in safety and comfort. Not until those who work for us find that dismissal follows a wilfully negligent act, will we be able to keep them up to a reasonable standard. With nurses, we can hardly draw the lines too closely. No nursing, rather than careless nursing, is the only safe rule.

In this connection we should lay aside the distinction so often made between an act which had serious consequences and one which had not. The simple fact that no great harm resulted from a careless act is not an extenuating circumstance, and should not be so considered. On the other hand, one may be somewhat charitable toward a serious accident caused by the deed of a person ordinarily careful.

We may take our choice of the two systems of preventing accidents from carelessness, the one which puts the responsibility on the system, the other which forces it upon the individual. For example, if each medicine bottle has its particular place and its own characteristics (as rough bottles for poisons, brown bottles for drugs to be used externally, etc.), not much time or brains is supposed to be needed; while if all bottles are exactly alike, if they are not arranged in any particular manner, or if their position is changed regularly, the nurse is compelled to look at least once to know what she is getting. In either case, there is still a chance for the human element, and failure is eminent if the system is not adhered to.

After all, system is the important feature in the prevention of hospital accidents. There must be a well-thought-out plan, adapted to the institution in which it is to be used. Obviously, the cumbersome red tape of a hospital of 500 beds is out of place in one of 50 beds; and just as plainly are the simple arrangements of a small institution inadequate to a large one. The class of hospital, kind of patients, arrangement of work, plan of building, number of employees, etc., have weight in the working out of any system which is successful. The point to be emphasized is the need of orderly arrangement, definite directions, and strict enforcement.

Many accidents charged to negligence are really due to ignorance. The remedy for carelessness is dismissal. The remedy for ignorance is far simpler, and because of its very simplicity is the more often disregarded. Making rules is not sufficient. We must be sure that every employee has seen the rules, understands them, and knows that they are to be obeyed. Many mistakes

occur because those in authority had told a few people about a thing and "supposed they all knew it." Small hospitals are especially prone to this sort of thing. We cannot afford, whatever the size of our hospital, to leave anything in uncertainty. Written rules, clearly expressed, conspicuously posted, and persistently enforced, are the least that we can do. To the nurses and the more intelligent permanent employees, some explanation may be given as to why such and such things are demanded; but, in the end, the principle of unquestioning obedience is the safest and best thing.

A very large number of the mistakes which nurses make are the result of their having been insufficiently taught. It seems axiomatic that a nurse should not be allowed to do a thing unless she knows how; yet over and over we permit accidents to happen from the violation of this principle. We are short of nurses and we allow a probationer to measure out and give medicines of which she has never before heard. Is it her fault or ours if she makes a fatal mistake? We set a young nurse at preparing solutions without thorough drill in quantities and qualities. Is she to blame if she burns a patient with a half-dissolved carbolic solution? We put a nurse with but a few months' training in charge of a paralytic, and she burns him with a hot water bag. Shall we condemn her for carelessness when she did not know that he was liable to such an accident? We let a nurse care for a tuberculous patient, a typhoid, or a specific case, leaving her with hazy ideas of the precautions she is to take, and she contracts the disease. Is she to be told that it was unavoidable?

We excuse ourselves for these occurrences by the plea that we were short of help and lacked the time to give instruction. This is a chronic state of affairs in most hospitals, and for this very reason ought to be the more vigorously dealt with. If the superintendent of the training school has not the time to properly instruct her nurses, is not an injustice being done to both nurses and patients thereby?

Some accidents apparently due to carelessness or ignorance on the part of nurses, may result from an insufficient force of nurses and consequent overwork. The average nurse is reasonably conscientious and reasonably willing to do the work which is given her; but we know only too well how many hospitals put upon their nurses more work than can well be gotten through with. Some of us consider that a nurse must be worked to her limit in order to keep her up to the mark and to teach her to manage work. Most of us overwork our nurses because we cannot get, or cannot afford to pay for enough help. This, again, is injustice to the nurse and a deliberate risking of the patient's life. Such a condition might be tolerated for a day or a week under pressure of circumstances, but when it continues month after month, it can but lead sooner or later to grave disaster. If a Superintendent cannot obtain the help needed to give patients safe and sufficient care, he is hardly honest if he does not inform them of the fact. He is certainly doing less than his whole duty if he fails to inform his Board of existing conditions and insist upon some permanent and effective relief. We frequently blame our Boards for not knowing that we need more help when we have given them no opportunity to know. Many of us are too timid or too proud to let our directors know the real state of things. Why there should be any virtue in one person's

attempting to do the work of two, at the expense of a third person who is entitled to good service, is a questin t which there can be no rational answer. Absolute frankness with his Board is the only safe rule for any Superintendent, and there are few Boards which will not rise to the occasion and supply the proper help if the facts with all their bearing be accurately stated to them. Certainly no Board which understands can—for any notion of economy—afford to risk the reputation of the hospital and the safety of the patients.

Anaesthetic accidents are no longer classed as unavoidable, and any hospital where they occur with any frequency is deserving of censure. The system of allowing unsupervised internes to give anaesthetics is rapidly passing into disuse, and cannot be much longer maintained by any good hospital. The small or country hospital which has no regular anaesthetist, but allows any graduate physician to act in this capacity, has an extremely difficult situation to deal with. Fortunately for the instiuion, he physician is usually held personally responsible.

Deaths due to the carelessness, negligence, or incompetence of physicians might be mentioned in this connection. While a hospital is not accountable for these things, there are instances when it seems as though some action should be taken to exclude doctors who have an excessive number of these "accidents." The Superintendent should put the matter plainly before the Board and allow them to decide whether the hospital shall be run on the "open" or "close" plan. Local conditions differ so widely that no outsider can judge of the best course to pursue. The utmost care should be exercised to be sure that facts are not exaggerated and that prejudices are not considered.

When one undertakes the Superintendency of a hospital, he assumes, among other things, the safe-guarding of those under him. We must insure to nurses and employees proper conditions for work and safe living. For our patients, so long as we hold that a hospital is for "the care of the sick," we must see that every care is given, and that carefulness is the rule of the institution. We must create and foster that esprit du corps which will not tolerate anything but good equipment and incessant watchfulness.

POST-GRADUATE NURSING.

When I first made known to my friends the fact that I intended taking a post-graduate course, they held up their hands in horror. Wild tales were poured into my ears of the awful things that were said and done to a post-graduate nurse. As none of these harbingers of woe had ever taken a post-graduate course, I decided that it mightn't be as bad as they painted it after all.

From what I have seen I think that in most cases the bad treatment a post-graduate nurse receives is due to her own actions. Of course it is hard to take orders from an intermediate nurse after being senior or charge nurse in your own hospital. Nearly every nurse comes out of training school thinking she knows about all there is to know about nursing. It takes just about one week in another large hospital to teach her that there is a whole lot about

nursing she hasn't heard about—also that she knows a whole lot that other nurses do not know about.

My first morning on duty was certainly very hard, as I soon discovered that their ways were not my ways. For a while I almost imagined I was an humble "probie" again. However, the pupil nurses were very nice and it was not long before I felt perfectly at home.

One thing that impressed me very much was the splendid lectures for post-graduate nurses. For all of these lectures we were "relieved" and often by pupil nurses. We were required to attend these lectures and to try the examinations which were given at the end of each series.

I heard several post-graduates complain of the way they were treated by pupil nurses, but in almost every case the post-graduate nurse was in the wrong.

Of course, like everything else they are petty grievances. The post-graduate nurse is subject to the same rules as pupil nurses, while graduates of the school are allowed several privileges as to late leave, laundry, etc.

The work I found to be very hard, but in no case was it any harder than that which the pupil nurses were doing. In fact, if only one nurse could have "time off" during the day it generally fell to the lot of the post-graduate.

The night duty was hard—one month night duty being required on each service of two or three months. On night duty the post-graduate nurse has charge of an entire ward, and, therefore, has to "show what is in her."

The post-graduate classes are especially interesting. In this class are nurses from many different schools in America, and from abroad. Oral examinations and quizzes were the features of these classes, and many valuable ideas from all parts of the country were picked up. It also gave the nurses a better idea of foreign work and principles.

Taken all in all, I think that a post-graduate course does more towards broadening a nurse's mind and widening her outlook than any other possible medium. I will always look back on the friends I met and the new ideas as a very big part of my training, and advise other nurses just finishing their training to take a post-graduate course in a large hospital.

I do think, though, that the best place to take a post-graduate course is in a school where there is no training school for pupil nurses. In a purely post-graduate school the nurse gets more experience and better experience than in one where the pupil nurses are in all the operating rooms and executive positions. In some schools where surgery is promised to post-graduate nurses only the pupils are allowed in the operating room, and the post-graduate gets only ward work under intermediate nurses.

IRENE A. FORDE,

City Hospital, Hartford.

THE FORENCE NIGHTINGALE MEMORIAL SERVICE.

An impressive service in commemoration of the late Florence Nightingale, O.M., was held in St. Paul's Anglican Church, Bloor Street East, Toronto, on Friday evening, the 30th September, 1910. The exercises were under the auspices of the nurses of Toronto, and were attended by a very large gathering, in which were included nurses from different parts of the United States and from other countries, even Africa being represented, in the persons of Miss Helen Melville, of the American Board's Mission at Chisumba, Benguella, some three hundred miles inland, and her sister, who is a teacher at the same place.

The service, which was in charge of Ven. Archdeacon Cody, D.D. rector of the church, began at 8 o'clock with an organ voluntary, Grieg's Funeral Dirge from Peer Gynt Suite, No. 1, played by the organist, Mr. T. J. Palmer, A.R.C.O. Bishop Reginald Heber's hymn, "The Son of God Goes Forth to War," was then sung, followed by sentences said by the minister, the congregation standing, and Psalm xc., chanted by the choir and congregation. The sentences were John xl.: 25, 26; Job xix.: 25, 26, 27; 1 Tim. vi.. 7; Job i.: 21. The Scripture lesson, 1 Corinthians xv.: 20, to the end, was read, and the choir then rendered the anthem from Spohr's "The Last Judgment," of which the words are taken from Rev. xiv.: 13, "Blest are the departed," etc. The quartete was sung by Misses Kathleen Howard and Edith M. Selden, and Messrs. Walter Sparks and Brearley Redfearn.

The sermon by Archdeacon Cody followed.

At the conclusion of the address, the minister and congregation took part in the prayers of the burial service.

Rev. Sir H. W. Baker's hymn, "The King of Love my Shepherd is," was then sung, and after the closing prayers and benediction, Chopin's Funeral March was played, the entire congregation remaining standing in reverent silence throughout the long voluntary. The closing prayers were as follows:

Blessed Lord, who for our sakes wast content to bear sorrow and want and death, grant unto us such a measure of the Spirit that we may follow thee in all self-denial and tenderness of soul. Help us, by thy great love, to succour the afflicted, to relieve the needy and destitute, to comfort the feeble-minded, to share the burdens of the heavy-laden, and ever to see thee in all that are poor and desolate. Amen.

O God whose days are without end, and whose mercies cannot be numbered; make us, we beseech thee, deeply sensible of the shortness and uncertainty of human life; and let thy Holy Spirit so lead us in holiness and righteousness all our days, that when we shall have served thee in our generation, we may be gathered unto our fathers, having the testimony of a good conscience, in the communion of the Church Universal, in the confidence of a certain faith, in the comfort of a reasonable, religious and holy hope; in favor with thee, our God, and in perfect charity with the world. All of which we ask through Jesus Christ our Lord. Amen.

The grace of the Lord Jesus Christ, and the love of God, and the fellowship of the Holy Ghost, be with you all. Amen.

In his address, Archdeacon Cody spoke as follows:

A legendary glory, almost a saintly halo, has gathered about the head of Florence Nightingale. She is reckoned among the great souls who have served and blessed the race. Her name suggests to-day not so much a personal presence as an all-pervading influence. So long ago it is that she won her undying fame. More than fifty years have passed since she did her greatest and most brilliant work. It was a time when William Ewart Gladstone was but a budding statesman, winning a reputation for finance; when Charles Dickens was writing his "Hard Times"; when Thomas Carlyle was beginning his "History of Frederick the Great"; when Ruskin was at work on his "Modern Painters"; when William Makepeace Thackeray was publishing "The Newcomes." It all seems very long ago since that October night when the woman who has just died sailed from England for Boulogne with her thirty-eight nurses on the way to Scutari. She did not, and her admirers did not, then know what changes would result in manners and ideas because she went that day.

On Saturday, the 20th day of August, her body was quietly laid at rest among her own people in the lovely little Hampshire village of East Willow. By her own express wish, the funeral was private and unostentatious, being attended only by the members of her family and a few retainers. But her great services to the army were not unacknowledged: there was present a squad of eight men, representing the regiments of the Scots, the Grenadier and the Coldstream Guards, who had fought in the Crimean War. They acted as the bearers of her body from Romsey to the hearse, and the same bearer party carried the coffin, draped with a white Indian shawl which Miss Nightingale had worn, from the church to the graveside. Then the army, in their persons, paid its last service to the heroine of the Crimea by lowering her coffin into the grave. "The Lady with the Lamp" was not forgotten—one of the floral offerings was a model in flowers of an old army lantern such as she had carried around the wards at Scutari.

The nation's impulse to pay her a public tribute of respect was fulfilled in a memorial service at St. Paul's. The King, the Queen, the Queen Mother, were present. The War Office, the Admiralty, many British public bodies and colonies were represented. The Cathedral was crowded with official delegates of all ranks. Memorial services have since been held throughout the world, as you are to-night holding this.

Why has this honor been paid to this woman? She never sought great things for herself. The honor has been paid because she followed in the blessed steps of her adorable Lord; she, too, came, "not to be ministered unto, but to minister." The greatest, said the Lord, is like one that serveth. This woman was a great servant of her country, a great benefactress of the whole race. No oher subject of King George was so enshrined in the hearts of the people. She never sought or desired rewards; and yet it is passing strange that outward honors, as signs of inward feelings of regard, came to her so late. No sum of money was voted by Parliament to her: only a voluntary offering, a public tribute, was presented to her, and furnished her with a sum of money with which she founded the first school of modern nursing in

England. Queen Victoria gave her a personal gift of a diamond pendant, inscribed with the words, "Blessed are the Merciful," but no title or order was offered to her, in the prime of her days. It was not till long afterward, in 1907, when she was four-score and seven years of age, that King Edward invested her with the Order of Merit. And the next year, when she was too infirm to receive it in person, the city of London paid her the honor—she was the second woman to receive it—of the freedom of the city. Perhaps it is that her services to humanity were so great that it was felt that no earthly honor was adequate to them, that even a peerage could not have honored her. For a peerage is sometimes bestowed on Cabinet failures, on contributors to party funds, or on uncertain supporters whom it is sought to retain. She was too great, perhaps, to be a peeress.

The Crimean War brought her fame. But her services there, however incalculable, were from the true viewpoint, only incidental in her great career. Her work was wider than patriotic succor in a national crisis; it was fundamental and permanent. To her it has been given to work a beneficent revolution. She was a great need, and with singular self-sacrifice and devotion set herself to answer it. But she will always remain the heroine of the Crimea, and her name will shine bright in all the sad, grim, sordid tale of mismanagement—and heroism.

You have heard the story, that in London, after the Crimea War had come to an end, Lord Stratford de Redclyffe gave a banquet to the officers who had distinguished themselves i nthe struggle. Stories were told of the Alma, and Inkerman, and Balaklava. Toasts were drunk to the memory of Raglan, of the Allies, and of the Six Hundred. Then an expression of opinion was called for by Lord Stratford as to who was most deserving of the gratitude of the nation for services performed during the war. The officers were each to write on a piece of paper the name of the one thought thus deserving of honor. When they had written, it was found that not the name of any general, or any statesman, or any man at all, had been written, but unanimously they chose Florence Nightingale, who had solved a problem greater far than the reducing of Sebastopol. The heroine of the Crimean War she will be as long as English history is read or written.

She was born on the 12th May, 1820, at the Villa Colombaia, near Florence, where her parents, Mr. and Mrs. William Shore Nightingale, of Lea, Derbyshire, were staying. She was named from the Flowery City, and well so: for she was fond of flowers, and constantly used them to brighten the ward hospitals. Her real family name was Shore. Her father, a man of wealth and culture, mingled in literary and fashionable society. He was a great traveller. Her mother was a daughter of William Smith, the friend of Wilberforce, and his supporter in the movement for the abolition of slavery. The father's name was changed on his inheriting the estate of Lea Hurst in Derbyshire from his uncle, Peter Nightingale.

As a child she early showed an aptitude for nursing; her dolls were always sick, and were wooed back by her to life; she doctored a shepherd's dog in the valley of the Derwent, using his smock to bandage the leg; she often rode with the vicar to visit his suffering parishioners. "Miss Florence,

the Squire's daughter," was known in every cottage on her father's estates in Derbyshire and Hampshire, and her sympathy and care brought relief and comfort to many who were suffering and distressed. When in Egypt with her parents she delighted to nurse the sick Arabs back to life and strength.

When she came back to England, she was possibly in doubt as to her future course. It was then she met the aged Quakeress and philanthropist, Elizabeth Fry. The dignified old lady imparted her mature judgment and experience to this young, enthusiastic woman, and, perhaps, thus definitely decided her future career. Miss Nightingale determined not to spend herself as a butterfly of fashion, but to become a nurse. Nursing to her was not to be a pastime, but a vocation. She "saw the world full of suffering, and beside the pillow ignorance and Sarah Gamp." Her soul rebelled against the intolerable situation: her life choice was made. The co-heiress of a large fortune, she had received an exceptional education. At eighteen she had been presented at Court. But society had no charms for her. She had a desire to study medicine, but the profession was not then open to women. She determined to spend her life in the relief of suffering. She knew it meant a hard apprenticeship, a long course of preparation. But she counted the cost and paid it. She visited the hospitals in London, Edinburgh and Dublin. She made a prolonged visitation of the hospitals of France, Germany and Italy. She placed herself as a deaconess in the best-known nursing institution in Europe, the Lutheran Hospital at Kaiserwerth, on the Rhine, near Düsseldorf, under Pastor Fliedner. When she was leaving he laid his hands upon her bowed head, and invoked the divine blessing as she "went forth to work a beneficient revolution." She entered upon her life task in England, well equipped, having no equal as an authority on district visiting and hospital nursing.

First of all, she took charge of a Sanatorium, or Home for Sick Governesses, in Harley Street, London. That in itself was a matter of importance. It was a challenge to the conventional views of woman's work in the early Victorian period. Was it woman's work only to be pretty, and pleasant, and proper, and to oversee the task of making her lord comfortable? or could a lady of birth and culture be the manager of an institution? The polite world was outraged. Harriet Martineau writes: "It was related at the time that if she had forged a bill, or eloped, or betted her father's fortune away at the Newmarket races, she could not have provoked a more virulent hue and cry than she did by settling herself to a useful work." But she had a clear purpose and a strong will in all her actions. She was supremely indifferent to the judgment of the world, if her conscience approved. She saw the path of duty, and fearlessly walked therein. For ten years she was now silently and unconsciously preparing herself for her great national service.

The Crimean War was declared in 1854. The British, French and Turks were in the Crimea, seeking to control the Black Sea, and to forestall an attack on Constantinople. The Allies were ill-prepared and ill-equipped; sickness and the battle of the Alma soon over-crowded the insufficient hospital accommodation. The rejoicing over the victory of the Alma in England was followed by the letters of William Howard Russell to The Times, in which he told

of the conditions of the hospital camps in the Crimea. These letters shocked the nation: the army in the Crimea was dying by thousands, not on the battlefield, but in the hospitals at Scutari, through lack of proper care and treatment. There was an inadequate number of doctors and a total lack of nurses. "The commonest accessories of a hospital," writes Russell, "are wanting; there is not the least attention paid to decency or cleanliness; the stench is appalling; the polluted air can barely struggle out to traint the atmosphere, save through the chinks in the walls and roofs; and, for all I can observe, these men die without the least effort being made to save them. There they lie, just as they were let gently down on the ground by the poor fellows, their comrades, who brought them on their backs from camp with the greatest tenderness, but who are not allowed to remain with them. The sick appear to be tended by the sick, and the dying by the dying." Thousands at Scutari and at Kululi lay for weeks practically without medical attendance, their wounds undressed, without proper nourishment, in disease-laden air. The death rate was 42 per cent. at Scutari, and 52 per cent. at Kululi. Eighty per cent. of those whose limbs were amputated died of gangrene. The sick list was more than 13,000. In the Turkish barracks on the Bosphorus, there were two miles of sick beds in double file along the corridors. Rats ran over the place, and over the patients. Russell blamed the red-taped military bureaucracy, which fatally failed to grasp the situation, and allowed the stores and medical supplies to lie in ships in the harbor merely because no one ordered them to be landed.

The British public then rose to the emergency. A sum of one million pounds was poured into the relief funds, medical supplies were sent, and the number of doctors increased. During the first stage of the war, there was not a woman nurse employed in any of the military hospitals, because of the previous bad repute of the class. Russell had asked: "Are there no devoted women among us, able and willing to go forth and minister to the sick and suffering soldiers of England in the hospitals of Scutari? Are none of the daughters of England at this extreme hour of need ready for such mercy work?"

Hon. Sidney Herbert, Minister of War, wrote to Florence Nightingale, who was already well known for her philanthropy and care of the sick in hospitals, saying: "You are the one person in England I know of who would be capable of organizing and superintending such a scheme." Meanwhile, in her country house, she had penned a letter to him, offering to place her services, her ability, her experience, her life, at the disposal of her country. Their letters crossed. Within a week, with thirty-eight chosen nurses and two friends, she left for Scutari. They arrived the night before the Battle of Inkerman.

From that time till she left for home, eighteen months later, her word was law in the hospital management. She displayed high organizing gifts. She cut the red tape, reorganized the hospitals, made them fit places for the sick and wounded, and by her remarkable executive ability brought order out of chaos. As she passed down through the four miles of beds eighteen inches apart, each bearing its burden of pain and suffering, her passion of pity turned to a passion of indignation at the neglect of these poor instruments of the

Government. It was a time for bitter speech and defiance of foolish authority. She thundered at the War Office till her own powerful control was set up over all the hospitals of the East.

The supreme moment of her career was after Inkerman, when the wounded and dying were brought in by shiploads. Had she wavered, all would have been lost. There was no laundry, no kitchen for the proper preparation of food, no systematic care, lack of medicine, beds, furniture. Strength and knowledge were her instruments, not mere gentle ways. Into the hell of this great temple of pain and death came Florence Nightingale and her nurses, with care, sympathy, and consolation. Within a week, a great kitchen was organized, with a capacity to provide well-cooked food for 1,000 men. She bought cooking apparatus, and her nurses, taught by her, "made the arrowroot twice as thick as before from half the quantity, and saved two ounces of rice on every four puddings." Baths and wash houses were built. She bought 6,000 towels and nearly 17,000 shirts, and set up for the first time in the war an apparatus for washing them. Before she arrived, there were 194 towels for 2,000 patients, and clean shirts but once a fortnight, ill washed at that. Another great woman of the time, Miss Burdett-Coutts, supplied her with a huge linen-drying closet, and set it out with an engineer to attend to it, at her own expense.

Fresh air, good food, clean linen, took the place of dirt and disorder. For days she was at the post of duty for 20 hours, and she was so busy by day that she could go through the wards only by night. Then the stern disciplinarian, the strong-willed organizer, who overruled and put down everybody who opposed her knowledge of what ought to be done and what therefore at any cost she meant to have done, turned into the tender nurse in regard to the individual sufferers. The soldiers called her "Angel." Every night she would be seen, a slender, gentle figure, carrying her lamp in her hand, making her solitary rounds. That the men well-nigh worshipped the gentle lady who had wrought the change is not surprising. One of them, in a letter describing her nightly visits to the wards, wrote: "To see her pass is happiness. She would speak to one, and nod and smile to many more, but she could not do it to all, you know. We lay here by hundreds, but we could kiss her shadow as it fell, and lay our heads upon the pillow content again." Another declared: "Before she came there was such cursing and swearing; and after that it was as holy as a church."

After she had organized the hospital barracks at Scutari, she travelled on a tour of inspection to the other hospitals in the Crimea, and placed all on an adequate footing. She was accredited by the Government to act as Superintendent over all the military hospitals in Europe where there were British soldiers. She was the "Lady-in-Chief," and when the commissariat failed to provide necessaries she supplied them out of her own pocket. What she could not get by asking she took by force. She went and with the aid of two orderlies broke open the store and took what she needed. She cut red tape with a vengeance. She and her nurses brought the death rate of Scutari from 42 per cent. down to 2 per cent. Verily a figure of romance, was this Lady with the Lamp, the Heroine of the Crimea.

Her health was finally broken forever by her unexampled labors. At last, when the war was over, and peace was declared, she left behind her that long avenue of death and suffering where her home had been for eighteen months, and very quietly, under an assumed name, she stole back to England ere it was known she had left Turkey, to the peace of her father's house at Lea Hurst. The heroine of the war was received and thanked personally by Queen Victoria, who spoke of . . . "Her great gentleness, simplicity and wonderful, clear and comprehensive head—I wish we had her at the War Office." She was thanked by Lords and Commons; the press echoed and re-echoed her praise; poems and songs were composed in her honor.

The people determined to give her a presentation, and every man in the army gave one day's pay. The gift amounted to £50,000. She promptly dedicated the money for the founding of the first School for Training Nurses at St. Thomas' Hospital. It is called the Nightingale Home, and in the hall you may to-day see the figure of the Lady with the Lamp, in the nurse's costume she wore in the Crimea. For many years she personally superintended the school.

From her lamp what rays have shone! The first ray is this: She founded the glorious profession to which you belong, established the great modern movement of nursing. To-day every nurse who sits through the dim hours by the restless bed of pain, is her spiritual descendant. She gave to nursing its laws, revealed the psychology of suffering, and advocated the systematic training of nurses. "The commonly received idea," she wrote, "among men and even among women themselves, that it requires nothing but a disappointment in love, the want of an object, a general disgust or incapacity for other things, to turn a woman into a good nurse, reminds one of the parish where a stupid old man was set to be a schoolmaster because he was past keeping pigs."

The second ray is this: She was the unpaid and unofficial adviser to the War office in all that related to the hygienic organization of the army. The sanitary state of the army in India was improved, but the whole vast Empire benefitted by the salutary changes suggested by her. She gave advice on camp nursing and sanitation to the United States in the Civil War.

The third ray: She was responsible for the whole Red Cross movement, which was inaugurated at the International Congress of Geneva in 1863. The famous Geneva Convention was the direct and logical outcome of her labors for England, and now its Red Cross on every battlefield is a monument to the "Lady with the Lamp."

The fourth ray from her lamp is this: Her ideal was not only a profession of nurses, but a whole nation of nurses: "Every mother a health nurse, and every nurse an atom in the hierarchy of the Ministers of the Highest."

She was the pioneer of women's work, one of the greatest women of the past century, type of the pioneer, one of those great personalities who shape the outlines of life, the Lady with the Brains, with powers of command and supreme organizing faculty.

She is a worthy ideal for your noble profession. None could be more thorough than she in her preparation. Her character showed a marvelous

blending of modesty and courage, of chivalry and shy reticence. She had the "faculty of conquering dominion over the minds of men." She was a born commander, born with the capacity for detail, the almost fierce love of work, which go to make a great organizer and reformer. "She had," writes The Manchester Guardian in a personal tribute, "a strong, ambitious and confident intellect, and a very complex character, often being almost over-sensitive to the distress of others, from the force of a lively and sympathetic imagination. She was quite untiring in deeds of kindness, and full of warm and affectionate encouragement for those who seemed to her worthy or in need of help. Yet it might be thought censorious, and by no means given to what is called making allowances." Her temptations led to love of mastery and impatience with fools. She was more than the gentle angel stealing round the wards at night. Her mental vitality was unusual, "it seemed to seize on every kind of material with a thirsty haste to understand and classify." "I have never failed," she said, "in energy." She was both strong and sweet, affording a splendid example of both those qualities which do co-exist in the womanly character, and are, in fact, most likely to accompany each other in the highest women's character. The "Lady with the Lamp" was both strong and tender, and "developed a wisdom in action and a power that made the public rank her with the field marshals." She was chosen by Herbert in his famous invitation, not for her angelic sympathy or for her enthusiasm, but for her "administrative capacity and achievement."

Now a word about her religious faith: in this lay her inspiration. In hours of crisis, she was sustained by her simple, strong, Christian faith. She was a Christian in the broad, deep sense. You know how she cared for Harriet Martineau, whose religious views in their intellectual expression seemed so far removed from her own. When the news came of her death, as it was said, in unbelief, and when friends, shocked and stern, were making remarks about her sad end and her lost soul, Florence Nightingale smiled as she said: "How glorious must have been her surprise when she woke in Paradise to find she had been mistaken." She felt that God Himself had called her to be a nurse. Her work was linked to His. Asked by someone in 1866 to give an outline of her life, she wrote: "If I could give you information of my own life, it would be to show you how a woman of very ordinary ability has been led of God, by strange and unaccustomed paths. And if I could tell you all, you would see how God has done all, and I nothing."

We do well to honor this pioneer of women's work, who realized that life is for use and serious service, this heroine of romance with a glorious halo about her, this founder of scientific nursing, this inspirer of the Red Cross movement, this adviser to the War Office, this woman, strong and sweet, brave and modest, this great reformer and splendid organizer, this humble and devout Christian, this great woman, this great Christian, this great servant of the race.

"A Lady with a Lamp shall stand
In the great history of the land,
A noble-type of good,
Heroic womanhood."

SECOND ANNUAL MEETING OF THE NOVA SCOTIA GRADUATE NURSES' ASSOCIATION.

The second annual meeting of the N.S.G.N.A. was held at the Nurses' Home of the Victoria General Hospital on Wednesday, September 7th, at 8 o'clock. About 50 nurses were present. The retiring President, Mrs. W. D. Forrest, presided, and called upon the Rev. Dr. Forrest, President of Dalhousie University, for the invocation.

In her annual address, the President referred to the progress made during the year, notably the fact that the Association had become incorporated by Act of Legislature. Mrs. Forrest also expressed the desire that very soon an effort would be made to start a fund for sick nurses. This pleasing address was followed by the reading of the minutes of the last annual meeting, and the Treasurer's Report, which stated that there is a balance on hand of $85.17. In the Secretary's report it was stated that 60 members are now enrolled, being an increase of 27 since last year. Also that as a result of the very able advice and indefatigable interest taken by our solicitor, Mr. McInnes, their Association has become incorporated by Act of Legislature. Copies of this Act and the Constitution and By-laws have been mailed to every physician in the Province, and to the members of this Association. Since June a Registry has been maintained at "Restholm" for the members who do private nursing. In June nine calls for nurses were received, in July 16 and in August 18.

Miss Mackenzie, Chief Lady Superintendent of the Victorian Order in Canada, graciously accepted an invitation to become an honorary member.

After the reports had been heard Miss Katherine Graham read a very interesting article upon the life and works of Florence Nightingale. A picture of this most honored among women had been loaned for the occasion by the Sisters of the Halifax Infirmary, and it was suitably draped in purple and white. The flowers used upon theis occasion were also purple and white, and were presented by Miss Pemberton, the first President of the Association, to whom we are also indebted for a great measure of the success and efficiency of our organization, as well as that of the Registry which she has so ably conducted.

The first speaker of the evening was the Ven. Archdeacon Madden, of Liverpool, Eng., who told us of his keen interest in hospitals and nursing homes since several are located in his parish, and he is their chaplain. He expressed the opinion that the highest qualification of mind, character and religious life are essential in administering to the sick, as well as the intelligent co-operation with the doctors in charge. He said that proper provision should be made for nurses for old age, and that they should not be left to the charity of friends. He advised a contributory pension fund, to which nurses and others might contribute year by year, while in active service, and would provide for them a retiring allowance. Following this inspiring address came one equally helpful and encouraging by the Rev. Dr. Forrest. He congratulated the members present upon their choice of profession, which he thought especially fitted for women and quite as honorable and as useful as the medical profession. He made fitting reference to Florence Nightingale as an example

of womanhood to be imitated, and while her work could be gratuitous because she was wealthy, he maintained that not less credit should be due the modern nurse who enters the profession for the good of suffering humanity, even though she is of necessity a paid official. Dr. Forrest happily congratulated the members that they had become organized and banded together for mutual helpfulness, and he prophesied very material growth in the years to come.

Dr. Ross, President of the Provincial Medical Association, was next called upon, and he was heartily applauded when he assured us that this organization would be supported by the medical fraternity of this Province, for it has been a longfelt need. Dr. Ross then cited some instances of nursing by untrained women and the difficulties resulting therefrom. Dr. Puttner, who has been closely connected with hospital work since before the establishment of Training Schools for Nurses in this Province, then made a few remarks, referring especially to the improvement in nursing conditions since nurses have received systematic instruction.

Announcement of the result of the election of officers for the ensuing year was then made, as follows:

Honorary President—Mrs. W .D. Forrest.
President—Miss Pemberton.
Local Vice-President—Miss Frances Fraser.
Provincial Vice-Presidents:
First—Miss Shearaton, of New Glasgow.
Second—Miss Sampson, Dartmouth.
Third—Miss Kirkpatrick, Windsor.
Treasurer—Miss Mekiel.
Secretary—Miss Kirke.

After singing the National Anthem the meeting adjourned.

Secretary's Report.

At this second annual meeting of our Association we have great reason for encouragement.

Early in our experience we realized that we needed some legal advice, and we were so fortunate as to secure the services of Mr. McInnes as solicitor, who has taken a very enthusiastic interest in our welfare. By his direction a Bill for incorporation was presented during the last session of the Legislature, which was passed in April, 1910. Copies of this Act and the Constitution and By-laws have been mailed to every physician in this Province and to the members of this Association.

It was considered advisable for this Association to maintain a Registry for its members, who do private nursing. Such a Registry has been kept at "Restholm," 15 No. Park St., since June, and it is proving very successful. In June 9 calls for nurses were received, in July 16, and in August 18.

Our roll now numbers 60. Of this number, 27 are new members this year. New names have been received at each monthly meeting of the Executive Committee, but we want to secure the name of every certified Graduate Nurse in this Province.

Respectfully submitted,

V. L. KIRKE, Secretary.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES—ESTABLISHED 1895—INCORPORATED 1901.

These are the new officers for the years 1910-1911:

President—Miss Phillips.

First Vice-President—Miss Tedford.

Second Vice-President—Miss Colquhoun.

Treasurer—Miss Des Brisay.

Secretary—Miss G. H. Colley.

Convener of Literary Committee—Mrs. Petrie.

Board of Directors—Miss Hill, Miss Baikie, Miss Dunlop, Miss McBride, Miss M. McKay, Miss Bullock, Miss L. White, Miss M. Welch, Miss McBeath, Miss Fisk, Miss S. Fraser, Miss Matthias.

The fifteenth annual meeting was held on Tuesday, October 4th, at 3.30 p.m. in the rooms of the Medico-Chirurgical Society, which were kindly loaned for that occasion.

The President, Miss Baikie, introduced the Rev. Hugh Pedley, who opened the meeting with prayer and gave a short address, warning the nurses to avoid all professionalism and to aspire to the highest height of their calling. Reports were read from the Registrar, Secretary and Treasurer, all showing signs of progress. A vote of thanks was tendered Miss Baikie, the retiring President, who had labored faithfully for three years in that office, and could no longer retain her position as President. Also a vote of thanks was tendered Mrs. Bench, the Registrar, for her unfailing courtesy and kind consideration of the nurses. Seven new members were balloted for and elected to membership, and nineteen candidates proposed to be balloted for at next meeting. There being no further business, the meeting was brought to a close.

The first Executive meeting of the C. N. A., under its new President, Miss Phillips, was held after the annual meeting, when a few sub-committees were formed, namely:

Literary Committee—(Convener), Mrs. Petrie, Miss A. Colquhoun, Miss Des Brisay, Miss MacBeath, Miss Bullock.

Flower Committee—Miss Colquhoun.

Refreshment Committee—Miss Hill, Mrs. Petrie.

Rooms Committee—Miss Fisk, Miss L. White.

The representatives to the Local Council of Women—Miss Phillips, Miss Colley.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Mrs. Messurvy, 37 Church Street.

TORONTO—St. Augustine's Parish House, 8 Spruce Street, last Monday, 8 p.m.
Chaplain—Rev. F. G. Plummer.
Superior—Miss Brent.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

The opening service of the Toronto branch of the G.S.B., which was in the form of a memorial service for Miss Florence Nightingale, was held at St. Augustine's Church on Monday, October 10th, at 8 p.m. Present, the Bishop of Toronto, Rev. F. G. Plummer, Rev. H. McCausland, Miss Brent and about ninety nurses.

After short evensong, with appropriate prayers and hymns, the chaplain gave a most helpful address founded on the self-sacrifice of the late Florence Nightingale.

Three nurses were admitted to full membership in the Guild.

Then the Bishop gave a short address, being the bearer of the following greeting from the Bishop of London, Patron of the Guild, to the members in Toronto:

"Nurses want all the spiritual help they can have in their difficult work, and St. Barnabas' Guild has been found a great help in the Old Country to keep them steadfast in prayer and communion, and to hold up a high standard of character and life. I hope there will be a flourishing branch in Toronto. God bless all the present members. "A. F. LONDON, Patron."

The Bishop then impressed upon the nurses the necessity for a trinity of virtues, conscientiousness, patience and gentleness in their work. He then closed with the Benediction.

A short meeting was held after the service at the Chaplain's, 8 Spruce St., after which refreshments were partaken of and the meeting adjourned after a very helpful and interesting evening.

My Scallop Shell of Quiet

O Father of mercies and God of all comfort, whose blessed Son in the days of his flesh went about doing good and healing them that were sick, we give thee most hearty thanks for the wonderful grace and virtue declared in the life of thy servant, Florence Nightingale. For the consecration to thy service of the strength and glory of her womanhood, for powers of leadership and organization devoted to the cause of her country and the relief of suffering, for her untiring labors, her deep humility, her wise counsel, her noble aims, her steadfast faith, we bless thy holy Name this day. Give us grace so to follow her good example that we with her and with all thy saints, may be partakers of thy heavenly kingdom. Grant this, O Father, for Jesus Christ's sake: our only Mediator and Advocate. Amen.

Prayer used at the Florence Nightingale Memorial Service in St. Paul's Church, Toronto, September 30, 1910.

Editorial

THE CANADIAN NURSE EDITORIAL BOARD.

"The Canadian Nurse Editorial Board" is now an incorporated body, thanks to the kind generosity of John Ross Robertson, Esq., who is always the staunch friend of the nurses, and to whom we are deeply grateful for this another evidence of his interest in our welfare. This step places us in a better position to properly and regularly carry on the work incidental to the publication of "The Canadian Nurse," that magazine which has come to mean so much to the nurses of Canada, and to which the nurses of Canada are so loyal. All the members of the old Board are members of the corporation. The Executive of the Corporation is a Board of five Directors, which meets monthly, oftener if necessary. An annual meeting of the members is to be held on the fourth Wednesday of November of each year, except the year 1910. Provision is made for the calling of special meetings when necessary. We desire here to express our gratitude to the members of the Board, who, because of distance, could not possibly attend the meetings, but who did all in their power to make this important step possible. The expressions of deep interest in and good wishes for the welfare of the magazine that have come to us from every Province in the Dominion, have been a great help and encouragement in this work.

We are now in a position to make a more satisfactory agreement with our publisher. This is being arranged and contains a clause which enables the nurses, at any time, to buy his interest in the magazine and have it entirely in their own hands. The only thing necessary for this is funds. The Canadian Nurse Fund was started with this object in view. It grows slowly. If the nurses of Canada really wish to make this ideal possible—our national magazine entirely managed by the profession—let us not forget to subscribe to this fund and get our friends to do likewise.

We feel sure every Nurses' Association in the Dominion will endorse the action of the Board, and will do all in their power to make the work of "The Canadian Nurse Editorial Board" more and more effective as the years pass.

THE NEW HOSPITAL AT EDMONTON.

We congratulate our friends at Edmonton on the coming Alexandra Hospital, the erection of which is now proceeding in the city.

The Evening Journal, of Edmonton, has a most interesting account of laying the cornerstone of the new Alexandra Hospital, which is being erected at a cost of over $200,000. His Honor Lieut.-Governor Bulyea performed the ceremony at two o'clock, September 22nd.

Proceedings were opened by A. C. Fraser, President of the Hospital Board, who was followed by Mayor Lee, who delivered an address in behalf of the city.

After a list of the articles to be placed under the cornerstone was read by K. W. McKenzie, President of the Hospital Board, Lieut.-Governor Bulyea was presented with a silver trowel by the architect of the building, Roland Lines,

and His Honor performed the ceremony of laying the cornerstone of the modern, efficiently equipped hospital that will form one of the finest institutions of its kind in the Canadian West.

Following the ceremony speeches were delivered by Alex. Taylor, first President of the Hospital Board; by Mrs. Arthur Murphy, of the Ladies' Hospital Aid, and by other citizens who have been prominent in hospital and philanthropic work in the city.

Under the cornerstone were placed a copy of the authorized version of the Bible, copies of the local newspapers, a photograph of the silver trowel, and photographs of the old and new hospitals, the annual report of the Hospital Board for 1909, and of the Ladies' Hospital Aid for the same year, and the scroll containing the names of members of Hospital Board, members of hospital staff, founders of hospital, members of Ladies' Hospital Aid, founders of Hospital Aid, medical staff, architect and builders' names, Mayor and Aldermen, President and Secretary of the Board of Trade, President and Secretary of Exhibition Association, Lieutenant-Governor, Minister of the Interior, Provincial Cabinet.

Edmonton is already one of the greatest cities of the West, and, indeed, of Canada. In foresight, in energy, in municipal work, in public ownership, and public spirit, we would that all Canadian cities were like it. Think of its telephone system alone. The atmosphere of Edmonton is buoyant, hopeful and progressive, and we hear with no ordinary pleasure of the new hospital. All success to it, and a blessing on all who work for it or in it.

MEMORIAL TO ISABEL HAMPTON-ROBB.

The *American Journal of Nursing* for October is a memorial such as has been made for few workers in any profession. It is to the late Isabel Hampton-Robb, one of the greatest leaders in the nursing profession, and consists of biographical material, accounts of the far-reaching and important work she did, appreciations of her contributions to nursing history, accounts of the memorial services, personal recollections, and a few notes written by her on the "Past, Present and Future of the Nursing Profession"—the last writing she did. Having in mind what she was, what she did, and how she departed from this earth, her fellow-workers have done well in thus honouring her, and in keeping her memory green by the Isabel Hampton-Robb Scholarship. The *American Journal of Nursing* itself is one of the best professional magazines representing the nursing profession, and so it is that no other memorial, not even the scholarship, is in its way more fitting, or more beautiful, than this October number.

HOUSING REFORM.*

Housing Reform* is in the air. And nurses can help to bring it about. Henry Vivian, M.P., has just been over Canada from Montreal to Vancouver, to see how we house ourselves and others and to give us hints. His words are as bread cast upon the waters, but they will be found again after many days.

*Housing Reform. By Lawrence Veiller. New York: Charities Publication Committee, 105 East 22nd St. $1.25.

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A Valuable Effervescent Saline Laxative Especially indicated in the treatment of Rheumatism, Rheumatic Arthrica, Neuralgia and all Uric Acid Diseases.

SAL LITHOFOS is a preparation containing in an active state Lithia and Sodium Phosphates. It is of special service in the treatment of Chronic Rheumatic and Gouty conditions, their allied affectations and in many other disordered states.

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THE WORD FROM WALES.

Good news from the nursing profession, as important as it is inspiring, comes from Wales. In The British Medical Journal of September 24th, it is stated under the heading "University Nursing Certificates":

"The Swansea guardians have decided to request the authorities of the University of Wales to take steps for holding an examination and issuing certificates for nursing."

We hope that before long some of the leading universities of Canada may receive a similar request. It would not only be a step in advance for the nursing profession, but for Canada.

CHINA.

A Chinese Matron.

Our readers will be interested in the following item of news from the London Nursing Times, which will also recall memories of our own Canadian medical graduate, Dr. Ah Mae Wong, of Toronto University, now of Shanghai:

There is considerable interest attached to the appointment of Miss Mow Fung as matron to the Imperial Pei-Yang Women's Medical School and Hospital, East Gate, Tientsin, North China. Miss Mow was trained at Guy's Hospital, and hold the C.M.B. certificate, and also that of the I.S.T.M. It is rather a speciality of Guy's to receive candidates from all over the world for training, and surely no sounder method of inculcating good English nursing methods could exist. There is a good deal more than meets the eye in the conditions of such training, the difficulties, and the good that may result. It must be remembered that whilst young foreigners may be quite willing to conform to English discipline, a good deal of tact is sure to be needed to smooth difficult corners, overcome ignorance of language and keep the exile happy in alien lands. Such happy results as are typified in this appointment must afford encouragement to all English heads of institutions in clearly showing that it is possible to train the women of other countries to nurse their sick, and a little patience and wide sympathy may result in very far-reaching influences.

INDIA.

The Minto Nursing Association.

The nurses of this Association recently presented a beautiful silver inkstand and an illuminated address to Her Excellency, who had done so much for them in the last five years. Lady Minto thanked the Superintendent and sisters for their kind gift, and said it would remind her of the great work that was being done by them in relieving the sick in a country which needed their ministrations more than any other in the world. Her Excellency also presented a photograph of herself to each of the sisters, as a mark of the remembrance and esteem in which she would always hold them.

Mennen's Borated Skin Soap

Acknowledged to be the best for all toilet soap uses. Recommended by physicians and nurses everywhere for its positive purity and genuine goodness, healing and soothing even to the tenderest skin.

Fine for the baby. Fine for the baby's mother. Fine for every member of the family.

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SAMPLE CAKE for 4 cents in stamps.

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HOSPITALS AND NURSES

Miss Etta McLeay has been appointed Supervising Nurse at the Mountain Sanitorium, Hamilton.

Miss Murdie, a graduate of the G. and M. Hospital, has gone to to do private nursing at Calgary, Alta.

Miss Elizabeth MacLeish, graduate H.C.H., Class '05, who has been doing private nursing in Hamilton, has gone to live in Vancouver.

Miss Pearl Simmons, graduate H.C.H., Class '05. who for some time has been nursing in Ithica, N.Y., has been appointed Assistant Superintendent at the German Hospital, Buffalo.

Mrs. (Dr.) Mitchell (a former Head Nurse at the G. and M. Hospital, St. Catharines), who with her three children have returned to their home in Macoun, Sask., after having spent a very pleasant holiday with her mother in St. Catharines.

The many friends of Miss Annie R. Cleland will be glad to know that after suffering for the past two years with multiple neuritis in the Vancouver General Hospital, she has sufficiently recovered to be taken East, accompanied by her mother and a trained nurse.

Miss Stubberfield, graduate of St. Michael's Hospital, now has charge of the Home Hospital, 164 Gloucester St., Toronto. Miss Sadler was the Superintendent till the end of July. Miss Stubberfield has a hospital modern in all its appointments, and well suited for medical, surgical and obstetrical cases. The "Home" idea is not a name only, but a reality as far as possible in this well-appointed institution.

Miss Grace A. Hodgson, has resigned the position of Superintendent of the Episcopal Eye, Ear and Throat Hospital, Washington, D.C., U.S.A. Miss Hodgson returned to Canada early in August and will be in Toronto for the winter, at her home, 18 Foxbar Road, College Heights, where she will be pleased to welcome her old friends.

MARRIED.

At Ottawa, on October 18th, 1910, Miss Minnie E. Cameron, graduate of Kingston General Hospital, Class 1900, to Mr. Andrew Neilson, of Carleton Place, Ont.

In St. Paul's Presbyterian Church, Hamilton, on August 25th, by the Rev. Dr. R. Drummond, Mr. Alfred Kieble to Miss Christina J. F. Renton.

Miss Renton is a graduate of the Jewish Hospital, Cincinnati, and is well-known in Hamilton, as she had charge of the down-town work for the Mountain Sanitorium since its beginning. She has the best wishes for a happy future from the members of the nursing profession in Hamilton.

DIED.

On June 30th, Miss Susan L. Perkins, graduate H.C.C., Class '99.

At the Southam Home, City Hospital, Hamilton, on September 19th, Katherine L. Hudson, of Class '09.

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is indispensable in the sick-room. Bovril which is the strength and essence of beef keeps the invalid toward recovery and hastens the period of convalescence. It is easily digested and quickly assimilated. Strength follows the use of Bovril. ∴ ∴ ∴

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THE NURSES' LIBRARY

The Conquest of Consumption. By Woods Hutchinson, M.D. Boston and New York: Houghton-Mifflin Co., 4 Park Street, Boston.

The Professor of Clinical Medicine at the New York Polyclinic is the much-to-be-envied possessor of a bright, racy style and a first-class scientific imagination. You must listen to him, he takes away your power of choice about that by methods as effective as the Ancient Mariner's. "Sunlight—the Real Golden Touch," "Intelligent Idleness," "Food the Greatest Foe of Consumption"—these are some of the chapters. The book is a fine book and will do good. It is eminently practical.

The Ontario Public School Hygiene. By Prof. A. P. Knight. Toronto: The Copp, Clark Co. Authorized for use in Ontario Schools.

Any of our readers who are interested in schools, and especially those who are interested in School Nursing in Canada, should have this book. Professor Knight is an enthusiast in the subject and was one of the first Canadian physicians to take it up. He has lectured on the subject in the schools, at Queen's University, the Provincial Normal Schools, and elsewhere. The book contains, in a brief space, a large amount of information, scientific advice, and properly presented truth about practical hygiene. We commend it to our readers.

A Manual of Personal Hygiene. The new (4th) edition, revised. A Manual of Personal Hygiene: Proper Living upon a Physiologic Basis. By eminent specialists. Edited by Walter L. Pyle, M.D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Fourth revised edition. 12mo of 472 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth; $1.50 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

It is a pleasure to receive another revised edition of Pyle's Personal Hygiene. It is by a good deal the best book on Personal Hygiene that we know and we again cordially recommend it to our readers.

Nursing in Diseases of the Eye, Ear, Nose and Throat. By the Committee on Nurses of the Manhattan Eye, Ear and Throat Hospital, New York City. 12mo volume of 281 pages; illustrated. Philadelphia and London: W. B. Saunders Company, 1910. Cloth; $1.50 net. Canadian agents: The J. F. Hartz Co., Limited, Toronto.

Six physicians and the Superintendent of Nurses (Miss Angers) of the Manhattan Eye, Ear and Throat Hospital, have together produced this handsome volume, which is complete, modern and to anyone concerned with such work, of great value.

Nursery Hygiene. W. M. Feldman, M.R.C.S. London: Bailliere, Tindall & Cox, Henrietta Street, Covent Garden. 2/6.

This is a good book. Get it. In fact, if we wanted to buy a book to give to a young couple setting out in life, to a young mother, to an intelligent nurse, to an alderman, to a newly appointed health officer, to a Lady Bountiful, to a clergyman's wife, to any member of that great middle class which is the strength and glory of the British Empire, this is the book for our money. It goes far beyond the nursery and far beyond hygiene. It might be called "Common Sense About Children."

IN 1898

The London Lancet, after a careful examination of

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reported that "the preparation fulfills ALL the requirements and presents ALL the conditions of a very satisfactory emulsion. In appearance and consistency it is not unlike cream and under the microscope the fat globules are seen to be of perfectly regular size and uniformly distributed. So well has the oil been emulsified that even when shaken with water the fat is slow to separate. The taste is decidedly unobjectionable and the Emulsion should prove an excellent food as well as a tonic."

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THE WAR AGAINST TUBERCULOSIS.

(From the St. John *Globe*, September 27th, 1910.)

After three months spent in New York for the purpose of studying the latest methods, Miss Isabelle Rogers, of the Victorian Order of Nurses, has returned to St. John to devote her time to the war against tuberculosis. She was sent to New York by the St. John Association for the Prevention of Tuberculosis, and it is under their direction that she takes up the work.

While in New York, Miss Rogers pursued her studies in connection with the Tuberculosis Division of the Social Service Department of the Bellevue Hospital. There is a large staff in this department, under the direction of Miss Wadley, whose successful work was the subject ot an appreciative article in a recent issue of the *Delineator*.

The different activities were classed under four heads—dispensary, slum-visiting, the day camp, and class teaching.

Leading up to the work of the dispensary is the work of the Board of Health. Under legislation similar to that recently adopted in this Province, all cases of tuberculosis must be reported to the Board of Health. It then becomes the duty of the Board to see that some steps are being taken to care for the patient. If the family have sufficient means to employ a family physician and to take the precautions he orders, the responsibility of the Board ceases. In other cases the patient is referred to the free dispensary.

At the dispensary a complete record of the case is made, and the doctor prescribes what is needed and gives advice regarding diet, sleeping, exercise, etc. After the patient is enrolled he is visited the next day in his house by the nurse, who continues the work of instruction and assists in adapting home conditions to the mode of life prescribed by the doctor. At least once a month thereafter, or oftener, if necessary, the nurse calls at the home to make sure that the patient is progressing favorably.

The day camp is at present located on an unused ferry boat. Despite its name, the adult male patients are allowed to stay there at night as well as during the day, sleeping on cots on the upper deck in the open air. The women and children are admitted during the day. As tubercular children are now debarred from the New York schools a regular public school is conducted on board the boat. In addition to the regular studies, the pupils have special lessons in hygiene, cleanliness, diet, breathing, etc.

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(INCORPORATED 1908).

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